

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09715164	FILING DATE 11-20-06						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		2											
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50													
TOTAL IND.	2												
TOTAL DEP.	9												
TOTAL CLAIMS	11												
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS													